



**Wisconsin Medicaid EHR
Incentive Program
Frequently Asked Questions**
Eligible Professionals

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1. Eligibility

1.1. Who qualifies as a Medicaid Eligible Professional?

Providers are considered eligible for the Medicaid EHR Incentive Program if they are licensed to practice in Wisconsin, are Medicaid certified, have no current or pending sanctions, meet the patient volume requirement, and are one of the provider types listed below:

Medicaid Eligible Professionals	Patient Volume
Pediatricians	20 percent Medicaid
Physicians (Provider Type 31)	30 percent Medicaid
Dentists (Provider Type 27)	30 percent Medicaid
Certified Nurse Midwives (Provider Type 16)	30 percent Medicaid
Nurse Practitioners (Provider Type 09)	30 percent Medicaid
Advanced Practice Nurse Prescribers with Psychiatric Specialty (Provider Type 11)	30 percent Medicaid
Physician Assistants practicing in Federally Qualified Health Centers (FQHC) or Rural Health Clinics (RHC) led by a physician assistant (Provider Type 10)	30 percent Medicaid

Eligible Professionals practicing predominantly in a RHC or FQHC can qualify for incentive payments with a 30 percent "needy individuals" patient volume threshold.

Additionally, the Professional cannot be Hospital Based – which means they cannot have more than 90% of services occurring in an inpatient or emergency department setting. However, if the Professional is Hospital Based but can demonstrate that he/she has funded the acquisition, implementation, and maintenance of CEHRT without reimbursement from an Eligible Hospital or CAH, and such CEHRT is in use, the Professional is eligible.

1.2. How do I determine if I'm hospital based?

A hospital-based Eligible Professional is defined as a provider who provides 90% or more of their covered professional services in either the inpatient (Place of Service 21) or emergency department (Place of Service 23) of a hospital. Hospital-based Eligible Professionals are excluded from the Wisconsin Medicaid EHR Incentive Program unless they can demonstrate that they have funded the acquisition, implementation, and maintenance of CEHRT without reimbursement from an Eligible Hospital or CAH – and use such CEHRT at a hospital, in lieu of using the hospital's CEHRT.

1.3. Can I apply for the Wisconsin Medicaid EHR Incentive Program if my practice is owned by a hospital?

Yes. Only physicians who primarily work (provide more than 90% of their services) in inpatient and emergency room settings are excluded from the Wisconsin Medicaid EHR Incentive Program. However,



if the physician provides the majority of their services in these settings but can demonstrate that they have funded the acquisition, implementation, and maintenance of CEHRT without reimbursement from an Eligible Hospital or CAH, they are still eligible to apply.

1.4. Can I continue to participate if I've joined a new practice?

Yes. Payment schedules are tied to the individual Eligible Professional, not the practice. Therefore, if an Eligible Professional leaves or arrives at a facility, the Eligible Professional may still participate provided eligibility criteria is still met. This also applies to all Eligible Professionals who are transferring over state lines.

1.5. Can I take a year off from participating in the Wisconsin Medicaid EHR Incentive Program?

After the first Payment year, Eligible Professionals can choose to not participate in the program for any number of years and rejoin the following year without penalty. There are no official steps Eligible Professionals need to take when choosing not to participate in the program for one of the six years of their involvement. Additionally, and unlike the Medicare program, Eligible Professionals may participate in the Wisconsin Medicaid EHR Incentive Program over the course of non-consecutive years without losing a year of eligibility.

1.6. Can I enroll in both the Wisconsin Medicaid EHR Incentive Program and the Medicare EHR Incentive Program?

No. Eligible Professionals must select either the Medicare or Medicaid Incentive Program. No Eligible Professional may participate in both.

1.7. Can I switch between the Medicare and Medicaid EHR Incentive Programs?

Eligible Professionals may change their EHR Incentive Program election once, but such change in election must occur before the end of Calendar Year 2014. The switch is only official after the Eligible Professional has successfully attested in the new program.

2. Incentive Payments

2.1. What is the maximum incentive amount I can receive as an Eligible Professional participating in the Wisconsin Medicaid EHR Incentive Program?

Eligible Professionals who Adopt, Implement, Upgrade, and demonstrate the Meaningful Use of Certified EHR Technology can receive up to \$63,750 over the 6 years that they choose to participate in program – receiving \$21,250 the first year and \$8,500 each following year.

Pediatricians have special rules and are allowed to participate with a reduced patient volume threshold (20% instead of 30%). If pediatricians participate and have a patient volume less than 30% of total encounters, they receive an incentive reduced to two-thirds of regular payment levels, or \$42,500 total



over their six years participating in the program - receiving \$14,167 the first year and \$5,666 each following year. Eligible Professionals must begin receiving incentive payments by calendar year 2016.

2.2. Over how many years will an Eligible Professional receive payments?

Medicaid Eligible Professionals may participate for a total of 6 years and may not begin receiving payments any later than the end of calendar year 2016.

2.3. Can I reassign my Wisconsin Medicaid EHR Incentive Program payment to the practice where I work?

Yes, Eligible Professionals may reassign their full incentive payments to the entity that is associated with their taxpayer identification number on file with the Wisconsin Medicaid Agency. Eligible Professionals are responsible for maintaining their Wisconsin Medicaid provider file, including their financial address information, using the demographic maintenance tool available through their secure ForwardHealth Provider Portal account.

3. Patient Volume

3.1. What are the patient volume requirements?

Eligible Professionals must meet a 30% Medicaid (Title XIX) member encounter threshold unless they practice predominately in an FQHC or RHC, in which case they must meet a 30% “Needy Individual” encounter threshold (Needy Individuals include Medicaid (Title XIX), CHIP (Title XXI), Uncompensated Care, and encounters remunerated on a sliding fee scale based on an individual’s ability to pay). Pediatricians may also qualify with as low as a 20% Medicaid (Title XIX) member encounter threshold, however if they qualify at under 30%, they will see a reduction in total incentive payments.

3.2. How is a Medicaid encounter defined?

For the purposes of calculating Eligible Professional patient volume, an encounter is defined as services rendered on any one day to an individual enrolled in a Medicaid Program.

3.3. How do I calculate patient volume?

As it is not possible for providers to distinguish between Title XIX and Title XXI encounters through claims records, Wisconsin Medicaid has developed a standard deduction that must be applied to adjust volume eligibility numerators to reflect just Title XIX encounters. The Wisconsin Medicaid EHR Incentive Program will calculate and publish this standard deduction annually through a ForwardHealth Update. The Program Year 2014 deduction amount is 8.11%.

3.4. Can I use patient volume based on a group practice’s volume data?

Yes. The methodology is the same as when computing patient encounter volume based on an individual provider. When using group practice patient volume all encounters for that group practice must be considered when determining both numerators and denominators. Even if a provider in the practice is not eligible for the program, his or her patient encounters must be included in both the numerator



(Medicaid (Title XIX) patient encounters) and denominator (total patient encounters, regardless of payer) and not limited in anyway.

A group practice is defined by how each group of providers is organized under the billing provider's National Provider Identification (NPI) number.

3.5. What is a Needy Individual?

Needy individuals are those receiving medical assistance from Medicaid (Title XIX) or the Children's Health Insurance Program (Title XXI), individuals who are furnished uncompensated care by the provider, or individuals furnished services at either no cost or reduced cost based on a sliding scale determined by the individual's ability to pay.

3.6. Can Wisconsin Medicaid run a report for me to determine patient volume?

Wisconsin Medicaid does not have the resources to run individualized reports.

3.7. Is there a minimum denominator for patient volume?

No, there is no minimum; the percent of qualifying patient encounters is all that matters.

4. Registration

4.1. How do I register for Medicaid incentive payments?

Eligible Professionals must first register through the [CMS Registration & Attestation System](https://ehrincentives.cms.gov/hitech/login.action) (<https://ehrincentives.cms.gov/hitech/login.action>). The CMS registration and attestation user's guide can be found here (http://www.cms.gov/EHRIncentivePrograms/20_RegistrationandAttestation.asp).

After an Eligible Professional has registered successfully with CMS, applicants for Medicaid EHR Incentive payments must complete their attestation through the ForwardHealth Portal. Please allow two business days after registration at the CMS Registration & Attestation System before attempting to begin your application at the ForwardHealth Portal.

For more information on the application process, please refer to the step-by-step user guide below: [Wisconsin Medicaid EHR Incentive Program User Guide for Eligible Professionals](#)

4.2. Why do I have to wait 2 business days after entering my payee information to complete the Wisconsin Medicaid EHR Incentive Program application?

48 hours is required to allow the Medicaid EHR Incentive Program time to validate that the payee combination is appropriate for the rendering provider.



4.3. Do I need an electronic fund transfer (EFT) account before registering for the program?

If you are applying as an Eligible Professional and plan on designating yourself as the recipient of the program's incentive payments, you do not need an EFT account, you can opt to receive a paper check. However, if you are an organization, or are an Eligible Professional applying and planning on designating an organization or clinic as the recipient of the program's incentive payments, that organization must have an EFT account and it must be included in the Wisconsin Medicaid program's provider file.